

Northern Virginia Long-Term Care Ombudsman Program (NVLTCOP)



Office of the State
Long-Term Care
Ombudsman

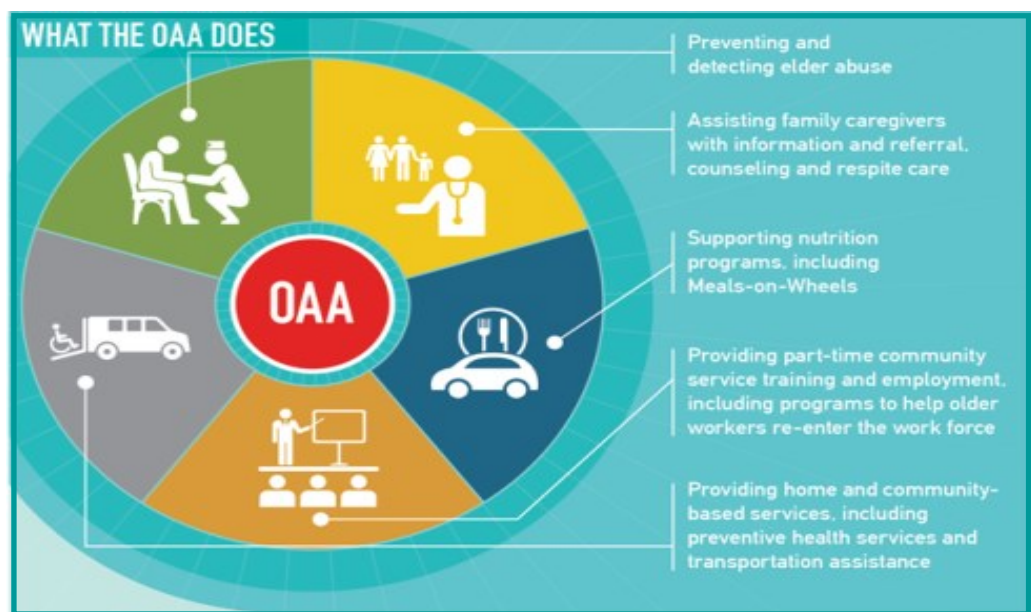
Promoting Quality - Protecting Rights

*Serving the Jurisdictions of Alexandria, Arlington, Fairfax and Loudoun,
through their Area Agencies on Aging*



THE UPDATE

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Reauthorization of the Older Americans Act

The Older Americans Act (OAA) is having its 50th anniversary this year. This act has delivered services that are a lifeline for older adults who want to remain at home. Funding from the OAA provides for local agencies to deliver hot meals, work on preventing elder abuse, and provide transportation to doctor's appointments. In addition, the main points include:

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- ◆ Create new support for updating multipurpose senior centers
- ◆ Stress the importance of addressing financial issues for seniors
- ◆ Require that health promotion and disease prevention initiatives be evidence-based
- ◆ Promote chronic disease self-management and falls prevention

For additional information, see the National Council on Aging's website at:
<http://www.ncoa.org/public-policy-action/>.



Each May, the Administration for Community Living celebrates Older Americans Month to recognize older Americans for their contributions to the nation. This year, in honor of the 50th anniversary of the Older Americans Act (OAA), the focus is on how older adults are taking charge of their health, getting engaged in their communities, and making a positive impact in the lives of others.

The theme for Older Americans Month 2015 is **Get into the Act**. Older Americans Month provides an opportunity to raise awareness of the importance of community engagement for enhancing the wellbeing of older adults.

By increasing community involvement for older adults, the results can yield benefits in promoting healthy aging and tackling important issues, such as the prevention of elder abuse. Making efforts to **Get into the Act** will bring the benefits of community living to reality for more older Americans.

Legislation Requiring Registered Nurse Coverage

According to the Consumer Voice, legislation has been reintroduced in the U.S. House of Representatives requiring round-the-clock registered nurse (RN) coverage in nursing facilities. It is H.R.952: Put a Registered Nurse in the Nursing Home Act. All nursing homes receiving Medicare and /or Medicaid reimbursement would be required to have an RN on duty twenty-four hours a day, seven days a week, instead of the eight hours a day currently in the law. Among the reasons this is important include:

- Only an RN can assess a resident's condition. The absence of RN staffing for up to 16 hours each day means that there is no one present capable of assessing and responding when residents' medical conditions suddenly change or deteriorate.
- Residents are entering nursing homes from hospitals "quicker and sicker." Their care requires a high level of skill and knowledge. Registered nurses are the only nursing personnel with the education, training, and licensure to provide timely clinical assessment, appropriate medical intervention, and evaluation of nursing home residents. Other nursing home personnel such as LPNs and certified nursing assistants are not trained to provide such assessments or interventions.
- Research shows that higher RN levels improve resident care. Higher RN levels result in lower antipsychotic use, fewer pressure ulcers, less restraint use and cognitive decline, fewer urinary tract infections and catheterizations, less weight loss, less decrease in function and fewer unnecessary hospitalizations of nursing home residents.





National Healthcare Decisions Day is April 16!

National Healthcare Decisions Day (NHDD) was established to inform the public and providers about the importance of advance care planning. The objective is to encourage all adults to discuss and document their wishes for any event in which they cannot speak for themselves.

Free tools are available to help start and structure the conversations. There are free advance directive forms for every state and several points are available on how to document the discussion. These are all available at www.nhdd.org. There are short videos on the website that provide information on how to start the conversation with loved ones. It creates a reason to “have the talk” and provides the tools to do it. The hardest part is often just raising the topic.

In Virginia, the Virginia State Bar Association has many resources and answers to questions, such as creating a living will, aging with dignity, appointing someone to act on your behalf (Power of Attorney), and advanced directives. Their website is

<http://www.vsb.org/site/public/healthcare-decisions-day>

Also, every hospital in the U.S. is required to provide patients with information about advance directives, so you can check at your local hospital. It is important to encourage people to discuss and document their wishes so that they get the *right* care for them. Having those wishes discussed in advance of a hospitalization can provide peace of mind that the person has expressed their wishes, in case they aren't able to express themselves at that time.

Changes to the Nursing Home Compare Rating System

The Center for Medicare and Medicaid Services (CMS) recently made changes to the Nursing Home Compare 5-Star Quality Rating System. This system is an important tool for consumers to learn more information about a facility and to compare it with other facilities. The website posts performance on surveys (inspections), staffing levels and quality measures for each facility. The revisions include:

- ♦ Adding new antipsychotic medication quality measures to the 5-star calculations, which previously had not been counted
- ♦ Increasing the number of total quality measure points needed to meet each rating
- ♦ Conducting specialized onsite surveys of a sample of facilities nationwide to assess accuracy of the resident assessment information used to calculate quality measures
- ♦ Increasing the number of stars awarded for staffing from 3 to 4 stars in either Registered Nurse staffing or total nursing staff hours

The result of these changes may affect the star rating of some facilities, which could drop the number of stars from what it currently has. The [CMS website](#) has additional information.



May is National Stroke Awareness Month

According to the National Stroke Association, stroke has dropped from the nation's fourth-leading cause of death to the fifth, by federal statistics. This is a significant drop and may indicate that prevention and intervention efforts are making a difference.

Many stroke and heart attack survivors have trouble taking care of themselves in the decade after one occurs. This can include needing help with dressing, bathing, grocery shopping, and handling their finances. These challenges can increase with aging, resulting in many survivors needing long-term help with daily activities. Stroke can happen to anyone at any time, regardless of race, sex or age. There are different types of stroke:

- * **Ischemic stroke** occurs when arteries are blocked by blood clots or by the gradual build-up of plaque and other fatty deposits. About 87 percent of all strokes are ischemic.
- * **Hemorrhagic stroke** occurs when a blood vessel in the brain breaks leaking blood into the brain. Hemorrhagic strokes account for 13 percent of all strokes.
- * The prevalence of **transient ischemic attacks** (TIA – “mini strokes”) increases with age.

For more information, see the National Stroke Association website: www.stroke.org.

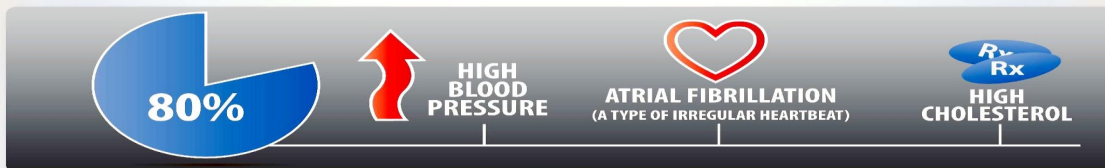


STROKE STOPS BLOOD FROM GETTING TO THE BRAIN. IT CAN BE DISASTROUS.



• GOOD NEWS •

UP TO 80% OF STROKES CAN BE PREVENTED BY CONTROLLING RISK FACTORS LIKE:



TAKE THE FAST TEST TO IDENTIFY COMMON STROKE WARNING SIGNS.

WHEN STROKE HITS, LONG-TERM DISABILITY CAN BE SIGNIFICANTLY CUT IF YOU GET MEDICAL CARE **FAST**.



A severe headache with no known cause is another key warning sign of a stroke.

Learn about more sudden signs of stroke @ www.stroke.org

OMBUDSMAN VOLUNTEER SPOTLIGHT - Gail Ressler



I was born and raised in Livingston, New Jersey with a younger brother who now lives in New Hampshire. I started my career as a registered nurse in New Jersey with a specialty in burn nursing. After a great weekend trip to Washington D.C. with a couple of girlfriends we decided it would be a fun place to live. I packed up and moved to Northern Virginia in 1978 where I continued nursing at the MedStar Washington Hospital Center managing the renal transplant unit. After seven years there, I pursued a business opportunity in medical sales and eventually became Vice President of Sales for the Hill-Rom company which specializes in products for wound care and respiratory problems.

I have been married to my wonderful husband Al for 29 years; although we have no children we have numerous nieces and nephews that we are close to and stay busy visiting family in New Hampshire, Montana and North Dakota. On the home front we have two adopted kitties, Harley and Ziva.

After 25 years with Hill-Rom and extensive travel, I decided it was time to retire and begin another life chapter. I started playing lots of golf, enjoyed my long walks around Burke Lake and got the exercise bug with Jazzercise. I began volunteering in a Hospice program and did that for a couple of years until the program closed. Looking for other volunteer opportunities, I saw the request for the Ombudsman program in the newspaper and signed up right away. I've been involved since 2011. I have been immersed in healthcare for so many years it was a natural fit for me to be a resident advocate. The nursing home I cover has several levels of care which include skilled nursing, a ventilator unit, as well as long-term care, each providing different challenges and issues for the residents.

My most rewarding experiences are those where the residents take part in resolving the problem they have brought to my attention. Helping them participate in the problem solving process gives them a sense of control and often times minimizes their level of frustration. A once timid resident who speaks out about a problem is a joy to see!

I am fortunate to have an Administrator who is responsive and recognizes the role of the Ombudsman. We have established quarterly meetings to review trends that have been problematic. She in turn brings those issues to her staff meetings for discussion, feedback and follow-up. Two other colleagues who also cover the facility attend these sessions as well. Having a good relationship with facility managers who can impact change and solve problems makes my experience more gratifying.

My greatest challenge is to get consistency in problem resolution...to come back and find the same problem re-occurring after weeks of success is frustrating but it is important for the resident to know I am there for them and will continue to work their issues. The relationships that are formed with the residents are so very special and the loss of someone I see on a weekly basis is painful; that's probably the hardest part of the volunteer experience. I find comfort in knowing my time spent has somehow helped bring dignity, respect, quality care and quality of life for those who find themselves in a long-term care facility.

What an Ombudsman does:

- ♦ **Advocates** for improving the quality of life for persons receiving long-term care services
- ♦ **Resolves complaints** against long-term care providers through **counseling, negotiation, and investigation**
- ♦ **Provides information** about long-term care providers to help make an informed decision
- ♦ **Educates** the community about long-term care issues
- ♦ **Visits** residents of long-term care facilities on a weekly basis through our volunteer program
- ♦ **Trains** long-term care staff on long-term care related information



Need Information or Have a Concern About Nursing or Assisted Living Facilities?

Northern Virginia Long-Term Care Ombudsman Program

12011 Government Center Parkway,
Suite 708

Fairfax, VA 22035

Offices hours are Monday through
Friday

from 8:00 a.m. to 4:30 p.m.

**Intake Line: 703-324-5861 TTY:
711**

Fax: 703-324-3575

Email us at:

NVLTCOP@FairfaxCounty.Gov

**To view information on the
NVLTCOP
website and to see the
Investigation and Complaint Log,
please go to:**

www.FairfaxCounty.Gov/LTCOmbudsman



The Northern Virginia Long-Term Care Ombudsman Program is committed to a policy of nondiscrimination in all programs and services. To request reasonable accommodations or alternate formats, call 703-324-5861 (voice); 711 (TTY).

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